

## REQUEST FOR NAVY HEALTH PROMOTION STARTER KIT

1. Command: \_\_\_\_\_
2. Requester: \_\_\_\_\_  
(Please print & include Name, Rate & Rank, if Active Duty)
3. Complete Command Address with 9-digit zip:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Department or Division: \_\_\_\_\_
5. Telephone: Commercial: \_\_\_\_\_ DSN: \_\_\_\_\_
6. Fax: Commercial: \_\_\_\_\_ DSN: \_\_\_\_\_
7. E-mail address: \_\_\_\_\_

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(Signature of Requester)

(Date)

Please Fax to NEHC Health Promotion Attn: Vickie Haidle (757) 953-0688 (DSN: 377-0688) or e-mail to: [haidlev@nehc.med.navy.mil](mailto:haidlev@nehc.med.navy.mil)